ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626867, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

(Mr./Ms./Mrs.
(as printed in the passport)
Name: Mulunesh Father's Name: Tadese G. Father's Name: Mamo
Date of Birth: 10-Jan-80 Place of Birth: Debrezeit Passport Number: EP7535522 Gender: Female
Address: - Region: Oromia City: Sendafi Sub City: Sendafi Woreda: 01 Kebele: — H. No.: —
Occupation: Housemaid Marital Status: Married Labor ID Number: _____
Contact Person in case of Emergency: Name Ebsa Dereje Telephone: 0930755818

Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0972302510
Destination Country: Qatar Departure (Effective) Date: _____

Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
	Ebsa Dereje	Brother	100	0930755818
			Total	100%

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: Mulunesh Signature: [signature] Date: 27-Feb-25